

# BAY OF ISLANDS COLLEGE

## Student Enrolment Pack

### For Year 11 2012

**NOTE:** An enrolment to Bay of Islands College can be accepted via interview by signature from anyone of the following: Principal; Deputy Principals and Deans. If you are unsure whether to enrol a student refer to the Principal for advice

No.	Checklist	√	Follow Up By
1	Main enrolment form signed and dated (sides 1 & 2)		
2	Birth Certificate handed in		
3	Dental forms filled in and returned to Main Office		
4	Uniform collected and paid for		
5	Previous School records received		
6	Options Form properly filled in		
7	Student Health Records received		
8	Computer Use contract signed by all parties		
9	General Enrolment Discussion		
10	Electronic Devices Policy signed		
11	Forms Handed in to Main Office for Entry onto Kamar		
12	Forms passed onto Dean for creation of student timetable		
13	Forms passed on to Student Centre for filing in Student File		
14	For Years 11-13  Gateway – Student Application form filled in		



# APPLICATION FOR ENROLMENT AT BAY OF ISLANDS COLLEGE 2012



Register No:.....

Date of this application.....

**COLLEGE OFFICE USE ONLY**

SURNAME (Legal)..... FIRST NAME(S) (Legal).....

FORM .....

PREFERRED NAME..... 1<sup>st</sup> DAY OF ATTENDANCE .....

YEAR LEVEL .....

Last school attended..... Prev.School Yr Level ..... Gender Male / Female

NSI NUMBER: ..... Previous School Report Sited: Yes  No

**Caregivers (1)** (eg. Mother, Aunt etc)

**Caregivers (2)** (e.g. Father, Uncle etc)

Name .....

Name .....

Relationship to Student .....

Relationship to Student .....

Address .....

Address.....

.....Postcode.....

.....Postcode.....

Home Phone .....Work .....

Home Phone .....Work .....

Mobile .....

Mobile .....

Email address .....

Email address.....

**Emergency Contact Details**

Name ..... Relationship to Student .....

Address.....

Home Phone .....Work..... Mobile .....

Email Address .....

**SIGNATURES:**

Mother / Caregiver..... Father / Caregiver.....

Approved by..... Enrolled (Date).....

Date of birth.....

Birth Certificate received Yes  No

To be brought in on .....

Overseas Student:

**residency/documentation**

Ethnicity (Maori / European / Other)

.....  
Is English your first language? Y OR N

Iwi Affiliations.....

Family members attending Bay of Islands College

Name.....Form .....

Name.....Form .....

**Notes** – List Health, Social or Family problems that could affect school progress.

.....  
.....  
Legalities e.g. Legal access denied

Evidence sighted: Yes  No

Details:

.....  
.....  
Other parent to receive:

Reports.....

DOCTOR.....

DENTIST.....

BUS ROUTE.....

# APPLICATION FOR ENROLMENT AT BAY OF ISLANDS COLLEGE 2012

## PARENT / CAREGIVER / STUDENT UNDERTAKING:

*I hereby undertake to observe the following conditions as far as they affect me and to do my best to see that the pupil named above observes them:*

- 1. That the pupil will attend school regularly and punctually and will not be absent except in cases of illness or emergency. I undertake to notify the College Student Centre of any absences.*
- 2. That the pupil will wear the College uniform as prescribed.*
- 3. That part or full payment will be made when damage to College property is caused by the pupil.*
- 4. I undertake to inform the College of any change of address, telephone number or family circumstances within one week of it occurring.*
- 5. I undertake to pay all fees, exam entries, subject costs etc. as required to the College.*
- 6. I give permission for the College to administer any prescribed medication as needed (Dispirin/Panadol etc)*
- 7. I authorise the College to make any such enquiries as are necessary to assist in this enrolment.*
- 8. That the pupil will follow the school rules and observe computer and internet guidelines and the school policy on use of Electronic Devices.*
- 9. That if the College requests, I will agree to the pupil getting a drug test.*
- 10. I agree should the above student be required to be kept at home while awaiting a Te Hui Awhina or Disciplinary meeting; I will be responsible for their care during any absence from school. The school will be responsible for sending work home. I understand that I can discuss urgency with the Principal re: an earlier meeting.*
- 11. I agree to the College contacting relevant external agencies such as Resource Teacher of Learning Behaviour and Group Services Education (Special Education) if they deem them necessary to assist the Pupils' learning and behaviour.*
- 12. I understand that the college's kaupapa Whakanui is "PROJECT RESPECT" and that the pupil enrolling will follow the Respect Code including, Respect for Self, Respect for Achievement, Respect for others, Respect for Responsibility and Respect for Environment.*

## SIGNATURES:

Student ..... Mother / Caregiver ..... Father / Caregiver .....

# YR 11 OPTION SELECTION FORM – 2012

Name \_\_\_\_\_ Form \_\_\_\_\_ Year Level This Yr \_\_\_\_\_ Year Level Next Yr \_\_\_\_\_

Intention for 2012: RETURNING:  LEAVING:  UNSURE:

**Leavers only:** Briefly explain what you are planning to do in 2012:

---

**Before making your course selection:**

1. Read the Year 11 curriculum guide course descriptions very carefully;
2. Discuss your potential choices with parents, teachers, careers staff, dean and head of faculty or department;
3. Have in your mind possible course pathways as identified on other pages in the curriculum guide;

**IDENTIFY THE CAREER YOU ARE CONSIDERING PURSUING:**

---

**Note: English or Te Reo is compulsory at Level 1; Maths is also compulsory; Science is recommended.**

	Course	Level	Did I do this subject last year? Yes / No?	Staff Signature [To approve entry onto this course]	Option Line [For Dean]
1	English or Te Reo <small>[compulsory – delete as appropriate]</small>				
2	Maths <small>[compulsory]</small>				
3					
4					
5					
6					

1. If there are other subjects you would like to take that are not listed in the Curriculum Guide, we can consider making them available if enough students opt for them. Indicate below a subject you would like to take that, as yet, is not available)

\_\_\_\_\_ [subject name]

2. If subjects can't be formally offered, you can do various courses via our CORRESPONDENCE, FarNet and / or VIDEO CONFERENCING support facilities

In 2012 I would like to explore through GATEWAYS opportunities in:

\_\_\_\_\_ (which industry / employment)

---

# SCHOOL HEALTH INFORMATION

Student's Name .....Form .....

Address ..... Date of Birth.....

..... Phone Number.....

.....

## ALTERNATIVE CONTACT FOR EMERGENCIES:

Name ..... Phone Number .....

Relationship .....

In order to maintain our records and help us care for your child in an illness/emergency situation, could you please answer the following questions. For the safety of your child, parts of this information may need to be shared with other school staff.

1) DOCTOR'S NAME .....

2) Phone Number .....

### 3) MEDICAL CONDITIONS

Has your child ever had any of the following?

Details

Asthma yes/no .....

Diabetes yes/no .....

Epilepsy yes/no .....

Rheumatic Fever yes/no .....

Hepatitis/HIV yes/no .....

Migraines/Headaches yes/no .....

Heart Conditions yes/no .....

Recurring abdominal pain yes/no .....

Back/Neck problems yes/no .....

Ear infections yes/no .....

Eye problems yes/no .....

Other illness/operations yes/no .....

Bleeding disorder yes/no .....

Other yes/no .....

### 4) ALLERGIC REACTION

Details

Nil yes/no .....

Bee/wasp stings yes/no .....

Medication yes/no .....

Food yes/no .....

Other yes/no .....

**5) MEDICATIONS**

Please give details of any regular medication your child is on.

Medication ..... What for? .....

Dose ..... How often? .....

I give permission for the Nurse to give my child paracetamol if she considers it appropriate YES/NO

Please send labelled medication to the school nurse if it is required for regular use or for emergencies such as antihistamines for bee stings

Please send a copy of your child’s asthma plan if they are on one.

**6) OTHER RELEVANT INFORMATION**

Any other information that would help us to meet your child’s health needs at this school:

.....  
.....  
.....  
.....

**6) HEALTH CHECK**

- I give permission for the Nurse (Rural Beat or Public Health Nurse) to give my child a health check – this will include measuring height and weights, checking hearing, vision and blood pressure, plus a discussion on nutrition, exercise, physical, emotional, sexual health and hygiene.  
*(Parents will be notified if necessary and are welcome to contact the nurse with any queries)*

YES/NO (Circle your answer)

PARENT / GUARDIAN SIGNATURE .....

DATE .....

Thank you for taking the time to fill in this form

# Computer Use

## STUDENT CONTRACT

- I understand and will abide by the provisions and conditions of this contract and realize that the network and internet/email access is designed for educational purposes only.
- I understand that any violation of the above provisions may result in disciplinary action, the revoking of my use and appropriate legal action.
- I will not use the school network for any purposes other than that instructed by my teacher.
- I also agree to report any misuse of computers, network, internet or email to the teacher, system administrators (BJN) or principal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT/GUARDIAN

- I have read this contract and understand that computer network, internet and email access is designed for educational purposes only. I also understand that it is impossible for Bay of Islands College to block access to all controversial materials and have discussed appropriate uses and expected behaviour with my child.
- I also agree to report any misuse (as described in the preceding pages) of the school network or internet/email to the teacher, system administrators or principal.
- I understand that should my child not follow the rules and guidelines of using the school network, internet or email, that they may be denied access and/or disciplinary action may be taken.
- I give permission for my child to have access to the computer networks at Bay of Islands College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Enrolment – General

Name of student.....Date.....

Previous school..... Birth Certificate Copy.....

What do you like about school e.g. subjects / events / cultural / sport / what are you good at?

.....  
.....  
.....

What are your personal strengths? e.g. reliability, responsibility, honesty, hard working.

.....  
.....  
.....

What do you hope to achieve at college? Do you have any concerns we can assist you with.

.....  
.....  
.....

Parents / Caregivers: queries to be sent information on:

.....  
.....  
.....

Parents / Caregivers details

Name.....

Address.....

.....  
.....

Phone / Cellphone.....

Interviewer.....

**BAY OF ISLANDS COLLEGE**  
**PROCEDURE**

**Use of electronic devices by students**

Issued: 2010

**DEFINITION:**

Electronic devices include the following: cell phones, MP3 players, ipods, and any other electronic device not listed above. Scientific calculators are not included.

**1.0 OBJECTIVES**

- 1.1 This policy is intended to set out guidelines and expectations regarding the use of electronic devices at school, as well as consequences for misuse.
- 1.2 Electronic devices have the potential to cause disruption in the classroom, by interruption of the lesson and by promoting off-task behaviour by individual students.

**2.0 PROCEDURE**

- 2.1 The school accepts no responsibility for any loss or damage of electronic devices at school. - The school will work with students to minimise theft. - Students may hand their cell phone into the school office for safe keeping during school hours.
- 2.2 In the event that students bring electronic devices to school they must be switched off and stored during class time. They may be used during interval and lunchtime only.
- 2.3 During assessments ie test or exams
  - Electronic devices are not permitted to be in the direct possession of students during an assessment.
  - In the event of a breach of procedure (2.3). The student's test or exam result may be nullified.
- 2.4 Students carrying electronic devices are required to turn them off and leave them in their bags at the front of the classroom. In the event that this is not possible the device is to be left with the supervisor. Electronic devices must not be used in any way which is disruptive or detrimental to the welfare of the school, staff, or other students.
- 2.5 The teacher may require the use of the electronic device for learning purposes.
- 2.6 Recording of images or sound during school time may not be uploaded to the web without permission.
- 2.7 In the event of a breach of these procedures by a student
  - The device may be confiscated and stored in the school office and Parents asked to pick up the device.
  - The student may be banned from carrying any device to school.
  - In the event of a breach of procedure (2.3). The student's test or exam result may be nullified.

Other disciplinary action may be actioned depending on the circumstances.

I agree to abide by this school procedure    Signature:

Date:

**GATEWAY - STUDENT APPLICATION FORM**

<b>NAME:</b>	<b>Date of Birth:</b>	<b>AGE:</b>
<b>ADDRESS:</b>	<b>Female / Male</b>	<b>Yr 11 12 13</b>
<b>REASONS FOR APPLYING FOR THIS GATEWAY PLACEMENT:</b>		
<b>I WOULD LIKE TO DO WORKBASE TRAINING AND ASSESSMENT IN THE FOLLOWING INDUSTRY AREAS:</b>		
<ol style="list-style-type: none"><li>1.</li><li>2.</li><li>3.</li></ol>		
<b>SKILLS I CAN USE IN THIS PLACEMENT:</b>		
<b>PREVIOUS WORK BASE TRAINING / EMPLOYMENT: (Type &amp; Work Interests)</b>		
<b>INTERESTS &amp; HOBBIES:</b>		
<b>SIGNATURE: (Student)</b> _____ <b>DATE:</b> _____		